

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

250126
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2014 - 168 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: GRALIN HAMPTON

Telephone: (843) 871-978

Address: 1737 NORTH MAIN STREET LOT#2

Fax: (843) 871-558

SUMMERVILLE, SOUTH CAROLINA

Other: (843) 3674474

29483

Email: gralinhamptonauto@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

APR 21 2014

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: April 16, 2014

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

THE LOVE BUS, INC

1737 NORTH MAIN STREET, LOT#2 SUMMERVILLE, SOUTH CAROLINA 29483

Street Address of Applicant

SAME AS ABOVE

Mailing Address of Applicant (if different from street address)

(843) 871-9781

Phone

(871) 871-5587

Fax

gralinhamptonauto@att.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

SHANOLA G. HAMPTON VICE PRESIDENT, 19943 RHONA PL, SAUGUAS, CA 91350

ANDREA L. HAMPTON SECRETARY, 1401 GORDON DR. HARTSVILLE, SC 29550

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

(See Attached)

Name of Applicant

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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COX INSURANCE CO

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1122 LADY ST. # 940

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

COLUMBIA, SC 29201
(800)217-7927 FAX: (803)771-5710

A	CASH PRICE (TOTAL PREMIUMS)	\$19,630.00
B	CASH DOWN PAYMENT	\$3,926.00
C	PRINCIPAL BALANCE (A MINUS B)	\$15,704.00

AGENT
(Name & Place of business)
COX INSURANCE AGENCY

P.O. BOX 907
ROCKINGHAM, NC 28380
(910)997-6006 FAX: (910)995-5008

INSURED
(Name & Residence or business)
THE LOVE BUS, INC

1737 N MAIN ST LOT #2

SUMMERVILLE, SC 29443
(843)871-9781 FAX: (843)871-5567
GRALINHAMPTONAUTO@ATT.NET

Account #: _____

LOAN DISCLOSURE

Additional Policies Scheduled on Page 3

Commercial

Quote Number: 2035261

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled.
8.676%	\$631.20	\$15,704.00	\$16,335.20

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
10	\$1,633.52	Beginning: MONTHLY 11/22/2013

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

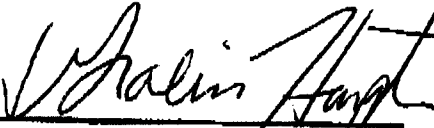
Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

PENDING	10/22/2013	COLUMBIA INSURANCE CO STRICKLAND INSURANCE BROKERS INC	COMMERCIAL AUTO	0.000%	12	10,148.00
Broker Fee:						\$0.00
TOTAL:						\$19,630.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule. In each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. **SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premium (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. **POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

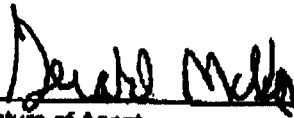
NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.


Signature of Insured or Authorized Agent
(10/11) Copyright 2011 IPFS Corporation

DATE

Page 1 of 3


Signature of Agent
DATE

10/19/2013 Web - ECC

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COX INSURANCE CO

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INSURANCE IDENTIFICATION CARD

SC	(STATE)		
COMPANY NUMBER	COMPANY	Columbia Insurance Co	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	
71APB044545	10-22-13	10-22-14	
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
1995	HCI Bus	1M8PDMCPA88P046860	
AGENCY/COMPANY ISSUING CARD			
Cox Agency			

INSURED

The Love Bus, INC
1737 N Main St. Lot 2
Summerville, SC 29483

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COX INSURANCE CO

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National Indemnity

Columbian Insurance Company
National Fire & Marine Insurance Company
National Liability & Fire Insurance Company

National Indemnity Company
National Indemnity Company of the South
National Indemnity Company of Mid-America

Strickland Insurance Brokers, Inc.
400 Commerce Court
Goldsboro, NC 27534

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 10-22-13 12 months **Primary**
2. Named Insured THE LOVE BUS INC
- * 3. DBA _____
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other _____
- * 5. Business Phone Number (843) 871-8781 Email Address _____
- * 6. Mailing Address 1737 N MAIN ST Lot 2 Website _____
7. City Summerville State SC Zip 29483
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. ☐ Yes ☒ No Have you ever had insurance with one of the companies listed above?

Coverages

Liability	\$1,000,000 Combined Single Limit
Uninsured & Underinsured Motorist	\$1,000,000 Combined Single Limit

Medical Payments \$1,000

Operations

11. Business Description CHARTER BUS
- * 12. Vehicle Usage Transport passengers for hire
- * 13. ☒ Yes ☐ No New Venture? _____ Years experience _____
- * 14. ☐ Yes ☐ No Is this your primary business? If no, explain _____
15. ☒ Yes ☐ No Is your business for hire/for profit? _____
- * 16. _____ Gross receipts last year _____ Estimate for coming year _____
17. ☒ Yes ☐ No Do you operate in more than one state? If yes, list states NC, SC, DC, NY, FL
- * 18. _____ What is the largest city entered? _____
- * 19. ☐ Yes ☒ No Is the transportation of people your primary business? _____
- * 20. ☐ Yes ☒ No Are vehicles leased to drivers? _____
- * 21. ☐ Yes ☒ No Do you transport physically disabled individuals? If yes, what percentage of the time? _____
- * 22. ☐ Yes ☐ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. ☐ Yes ☒ No Do you have a scheduled route? _____
- * 24. ☐ Yes ☐ No Do you ever transport unscheduled passengers? _____

Ambulance and Medical Transportation

25. ☐ Yes ☒ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
26. ☐ Yes ☒ No Are any autos operated 24 hours per day? If yes, which autos? _____
27. ☐ Yes ☒ No Are you the primary response unit for emergency (911) calls? _____
28. _____ What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
29. _____ What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. ☐ Yes ☒ No Is operation part of a school curriculum? _____
31. ☐ Yes ☒ No Is class room instruction given? _____
32. ☐ Yes ☒ No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. ☐ Yes ☒ No Have you ever been declined, canceled or non-renewed for this kind of insurance? If yes, explain _____
- * 34. ☐ Yes ☒ No Have you previously had commercial auto insurance? If yes, name of prior insurance company _____
- * _____ Number of accidents in the past 3 years _____
- * _____ Include loss runs or provide details of losses _____

M-8488 (02/2012)

Drivers

	Name	Date of Birth	State	License		Experience	
				Number	Type	Type of Unit	# of Years
*	1 WILLIAM MILLER	11/20/1950	SC	008935589		Bus	25
*	2 MICHAEL GILLIARD	09/03/1955	SC	4771224		Van/Truck	12
	3						
	4						
	5						

	Name	Accidents and Minor Moving Traffic Violations In Past 3 Years				Major convictions (DWI/DUI, hr & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 WILLIAM MILLER						
*	2 MICHAEL GILLIARD						
	3						
	4						
	5						

* 35. ☐ Yes ☒ No Are drivers covered by workers compensation?

Vehicles

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 1998 MCJ 1M8PDMPA85P0468	Other - CHARTER	55	Summerville, SC	Unl.	---	---	---
	2							
	3							
	4							
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	38,600	C	1,000	1,000	
2					
3					
4					
5					
6					

**Include the value of A/V equipment permanently installed in the vehicle

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COX INSURANCE CO

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Filings (complete if filings are being requested)

36. ☒ Yes ☐ No Is an FHWA filing required? If yes, MC number 842151
 What authority do you have? ☐ Broker ☒ Common ☐ Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
38. If you are an interstate regulated carrier, identify your registration or base state _____
39. ☐ Yes ☒ No Is an intrastate filing needed? If yes, show state and permit number _____
40. ☒ Yes ☐ No Is MCS 90 endorsement needed? _____
41. ☒ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?
 If no, explain _____
42. ☐ Yes ☒ No Do you enter Canada? If yes, where? _____
43. ☐ Yes ☒ No Do you enter Mexico? If yes, where? _____
44. ☐ Yes ☒ No Have you ever changed your operating name? If yes, explain _____
45. ☐ Yes ☒ No Do you operate under any other name? If yes, explain _____
46. ☐ Yes ☒ No Do you operate as a subsidiary of another company? If yes, explain _____
47. ☐ Yes ☒ No Do you own or manage any other transportation operations that are not covered?
 If yes, explain _____
48. ☐ Yes ☒ No Do you lease your authority? If yes, explain _____
49. ☐ Yes ☒ No Do you appoint agents or hire independent contractors to operate on your behalf?
 If yes, explain _____
50. ☐ Yes ☒ No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?
 If yes, attach a copy of the current agreement and complete the following:
 With whom has such agreement(s) been made? _____
51. ☐ Yes ☐ No Do the parties named above carry automobile liability insurance? NA
 If yes, name of insurance company and limits of liability _____
 Under whose permit does each of the parties to the agreement(s) operate? _____
52. ☐ Yes ☒ No Is there a Hold Harmless in the agreement? _____
53. ☐ Yes ☒ No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

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COX INSURANCE CO

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Excess Auto Supplement

COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Strickland Insurance Brokers, Inc.
 400 Commerce Court
 Goldsboro, NC 27534
 (919) 759-3300 FAX: (888) 997-9970

Policy Term From: 10-22-13 To: 10-22-14

This application supplement is for an excess auto policy providing additional limits of liability coverage for bodily injury, property damage, or covered pollution cost or expense and will not provide any other types of coverage.

The excess auto policy will not provide uninsured motorists coverage, underinsured motorists coverage, no-fault coverage, medical payments coverage, first party personal injury protection coverage, garagekeepers legal liability coverage, physical damage coverage, auto in-tow coverage, first party property damage protection coverage or any other coverage similar to the foregoing, regardless of whether such coverage is provided by the "Primary Insurance".

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

COVERAGE INFORMATION

Total Policy Liability Limits Requested (primary and excess combined)

4,000,000

Will the primary policy be written with one of the above listed companies?

☒ Yes

☐ No

Do you require coverage on the excess policy that differs from the primary policy?

☐ Yes

☒ No

If yes, explain

Limits are higher on excess

Will all autos owned or operated be covered by the primary policy?

☒ Yes

☐ No

If no, explain

Do you require all covered autos on the primary policy also to be covered autos on the excess policy?

☒ Yes ☐ No

If no, explain

Primary Garaging Location(s) 1737 N. Main St Lot 2
Summerville, SC 29483

FILING INFORMATION

Is an FHWA filing required? ☒ Yes ☐ No

If yes, MC number 842151

☒ Common
☐ No

☐ Contract

☐ Broker

Do you require FHWA cargo filing?

☐ Yes

If you hold a broker's license, identify name filed with FHWA, FHWA docket # and receipts from brokerage operations

If you are an interstate regulated carrier, identify your registration or base state

Is an intrastate filing needed? ☐ Yes ☒ No

If yes, show state and permit number

Show exact name and address in which permits are issued

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

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COX INSURANCE CO

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Is an MCS 90 endorsement needed? ☒ Yes ☐ No

Are the primary and excess policies to cover all vehicles owned, operated or under lease to applicant?

☒ Yes ☐ No If no, explain _____Are oversize/overweight commodities hauled? ☐ Yes ☒ No If filing required, show states _____

Does your authority allow for transportation of hazardous commodities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you allow others to haul hazardous commodities under your authority?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever changed your operating name?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you operate under any other name?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you enter Canada?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you enter Mexico?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you operate as a subsidiary of another company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you own or manage any other transportation operations that are not covered?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you lease your authority?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you appoint agents or hire independent contractors to operate on your behalf?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you purchased, sold or applied for authority over the past 3 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever lost or had authority withdrawn or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is evidence/certificate(s) of coverage required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Please explain any "yes" answer to these questions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

N/A

I acknowledge that I have read this application supplement and understand that:

THIS APPLICATION SUPPLEMENT IS FOR AN EXCESS AUTO POLICY PROVIDING ADDITIONAL LIMITS OF LIABILITY COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, OR COVERED POLLUTION COST OR EXPENSE AND WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.

MY PRIMARY AUTO LIABILITY INSURANCE POLICY PROVIDES AT LEAST THE AMOUNT OF UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE WHICH LEGALLY IS REQUIRED.

THIS EXCESS AUTO POLICY DOES NOT PROVIDE ANY UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE.

Completed by the Insured

Insured's Signature

Date

10-22-13

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COX INSURANCE CO

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MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☒ Yes ☐ No Will premium be financed? If yes, with whom

DPFS - see Attached

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Evelyn M. King
Witness

Gralin Hampton
Applicant's Signature

10-22-13
Date

Insured Contact Information

Name Evelyn King
Phone Number 843-871-9781
Email Address gralinhamptonauto@att.net
Relationship att.net

Name _____
Phone Number _____
Email Address _____
Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

☐ Yes ☒ No Is this direct business to your office? If not, explain MGA
☒ Yes ☐ No Is this new business to your office? If not, how long have you had the account?
How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☒ Please issue policy effective 10-22-13 Coverage was bound by _____
(Time and Date Bound by General Agent)

(Name of Person in Company General Agency's Office Binding Coverage)

Cox Agency PO Box 907 Rockingham, NC
Applicant's Representative's Name and Address Phone No 28380

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COX INSURANCE CO

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THE LOVE BUS INC

Quote #: 2184802

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

M-5638 (08/2011)

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$164
<u>\$30,000 / \$50,000 / \$25,000</u>	<u>\$174</u>
<u>\$50,000 / \$100,000 / \$25,000</u>	<u>\$207</u>
<u>\$50,000 / \$100,000 / \$50,000</u>	<u>\$210</u>

Your Policy's Liability Coverage Limits:

<u>\$1,000,000 CSL</u>	<u>\$548</u>
------------------------	--------------

☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$1,000,000 CSL

III. OFFER OF UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$164
<u>\$30,000 / \$50,000 / \$25,000</u>	<u>\$174</u>
<u>\$50,000 / \$100,000 / \$25,000</u>	<u>\$207</u>
<u>\$50,000 / \$100,000 / \$50,000</u>	<u>\$210</u>

Your Policy's Liability Coverage Limits:

<u>\$1,000,000 CSL</u>	<u>\$548</u>
------------------------	--------------

☐ I reject additional Underinsured Motorist Coverage☒ I select additional Underinsured Motorist Coverage at the following limits: \$1,000,000 CSL

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Today's Date: 10-22-13Type or Print Your Name: Gralin HamptonYour Signature: [Signature]Your Address: 1737 N Main St. Lot 2
Summerville, SC 29483

COX INSURANCE AGENCY



PO BOX 907
ROCKINGHAM, NC 28380

PHONE 910-997-5006
Fax 910-895-5006

SCHEDULE OF FEES

1. **Application Policy Fee (Personal).....\$20.00**
2. **Application Policy Fee (commercial).....\$100.00**
3. **Return Check Fee.....\$30.00**
4. **Nonowners Policy Fee.....\$50.00**
5. **Renewal Application Fee for Agency Billed(Personal)..\$20.00**
6. **Renewal Application Fee for Agency Billed(Commercial)\$100.00**

**In accordance with North Carolina General Statutes section
58-33-85(b)**

**My signature below indicates that I have read and understand the fees
that may be charged.**

Proposed Insured

Date



10-21-13

7

Exhibit Fit, Willing, and Able (FWA)

GRALIN HAMPTON

Name of Applicant

2432263

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

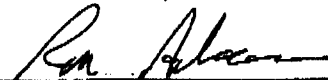
The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Dorchester)

SWORN TO BEFORE ME
This 18 day of APRIL, 20 14



Notary Public

Commission Expires 2-18-19

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

GRALIN HAMPTON

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 18 day of April, 2014

Notary Public

Commission Expires

2-18-19

Gralin Hampton
Applicant's Signature

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LOVE BUS INC., THE,
a corporation duly organized under the laws of the State of South Carolina on September 26th, 2013, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

**Given under my Hand and the Great
Seal of the State of South Carolina this
8th day of October, 2013.**


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF INCORPORATION

SEP 26 2013

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is The Love Bus Inc.
2. The initial registered office of the corporation is 810 Travelers Blvd Suite B2
Summerville SC 29485
City County State Zip Code

and the initial registered agent at such address is Philip Biggar
Print Name

I hereby consent to the appointment as registered agent of the corporation:

Philip Biggar
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

131008-0099

FILED: 09/26/2013

LOVE BUS INC., THE

Filing Fee: \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State

**ACTION BY WRITTEN CONSENT OF
SOLE INCORPORATOR
OF
THE LOVE BUS INC.
A(N) SOUTH CAROLINA CORPORATION**

The undersigned, being the sole incorporator of The Love Bus Inc., a(n) South Carolina corporation (the "Corporation"), and acting pursuant to the provisions of the applicable South Carolina law authorizing the sole incorporator to elect the directors if the initial directors have not been named in the Articles of Incorporation (the "Articles"), hereby takes the following action and adopts the following resolutions:

APPOINTMENT OF BOARD OF DIRECTORS

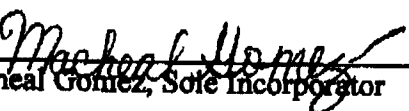
RESOLVED, that the following individuals be, and they hereby are, appointed as the directors of the Corporation, effective as of the date hereof:

Gralin Hampton
Evelyn M. King
Shanola Hampton

RESIGNATION OF INCORPORATOR

RESOLVED, that the undersigned, having appointed the board of directors of the Corporation, hereby resigns as the sole incorporator of the Corporation, effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has executed this Action by Sole Incorporator, effective as of the 10th day of October 2013.


Macheal Gomez, Sole Incorporator

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**INITIAL ANNUAL
REPORT OF CORPORATIONS**

CL-1
(Rev. 7/24/07)
3134

Office Use Only		▶ File Number _____ ▶ ENDING PERIOD _____ Month _____ Year _____ SID Number _____	
Date "Application for Charter" filed with Secretary of State		SEP 26 2013 For Secretary of State Use Only	
Date of "Request for authority to do business in this state" (Foreign Corp.)			
FED EI Number _____		Business Code _____ (Office Use Only)	
NAME OF CORPORATION The Love Bus Inc.			
PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET) 810 Travelers Blvd Suite B2		MAILING ADDRESS FOR TAX CORRESPONDENCE 810 Travelers Blvd Suite B2	
CITY AND STATE Summerville SC	ZIP 29485	COUNTY DORCHESTER	CITY AND STATE Summerville SC
1. State of Incorporation: SC		2. Indicate month corporation closes its books: 12/30	
3. Nature of principal business in SC: Bus Charter			
4. Location of registered office of the corporation in the state of SC is in the city of 810 Travelers Blvd Suite B2 Summerville, SC 29485 Registered agent at such address is Philip Bigger			
5. Location of principal office in SC (street, city, zip and county): 810 Travelers Blvd Suite B2 Summerville SC 29485 DORCHESTER			
6. Date business commenced in SC: J		Telephone # 843-851-6262	
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?			
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:			
SSN	Name/Title	Business Address and Office	
	Gralin Hampton	Director 112 Cromwell Court Summerville SC 29485	
	Evelyn M King	Director 403 Parish Park Drive Summerville SC 29485	
	Shenola Hampton	Director 19943 Rhona Place Saugus CA 91350	
9. The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:			
Number of Shares 1,000		Class Common Series	
10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:			
Number of Shares		Class Series	
1. Fee due with this report		1. 25 00	
2. Interest due		2. 00	
3. Penalty due		3. 00	
4. Total - Due		4. 25 00	
Make remittance payable to SC Department of Revenue Mail To: SC Department of Revenue, License and Registration Unit, Columbia, SC 29214-0140			

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

Machael Gomez

THIS RETURN PREPARED BY

09/17/2013

DATE

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

Incorporator

TITLE

31341027

The Love Bus Inc.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

Machael Gomez

a. Name _____
5668 E. 61st Street, Commerce CA 90040
Address _____
Machael Gomez
Signature _____

b. Name _____
Address _____
Signature _____

c. Name _____
Address _____
Signature _____

7. I, Martin Kiser, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 9/26/2013

Martin Kiser
Signature

Martin Kiser
Type or Print Name

2 Office Park Ct, Ste 103
Address

Columbia, SC 29223

803-699-6130
Telephone Number